

1OF 1

SHIP FROM COMPANY NAME (JOEC)
 11 SHIP FROM ADDR1 (JOEC)
 LONG ISLAND CITY NY 11101

SHIP TO: **ARS**
 SHIP TO ATTN NAME (VENDOR)
 (333) 656-7337 9339

SHIP TO COMPANY NAME (VENDOR)
 US SHIP TO ADDR2 (VENDER)
 US SHIP TO ADDR3 (VENDOR)
 33 SHIP TO ADDR1 (VENDOR)
 ATLANTA GA 30346

GA 300 9-03

UPS NEXT DAY AIR
 TRACKING# 12 FOO 100 84 9006 7972

BILLING: P/P
 DESC: Merchandise DescriptionText
 AUTHORIZED RETURN SERVICE
 RMA: abcdefg

RETURN SHIPPING LABEL

Fig - 3

Input RMA Information			
Company:		RMA Type:	Standard ▼
Attention:		RMA Number	
Address 1:		Country:	United States ▼
Address 2:		Phone:	
Address 3:		Recipient's Email:	
City:		Weight:	lbs.
State:		Destination	DEMO ▼
Postal Code:		Shipping Method:	Ground ▼
Insert Record		<input type="checkbox"/> Show me the label	

Fig - 4

Destination Listing Add a Destination					
Facility ID	Name	Attention	Address 1	Address 2	Phone
Address 3	City	State	Postal Code	County	
DEMO	DEMO CENTER	DEMO MANN	23 MAIN		Edit
	PORTLAND	OR	97217	US	5035551212
Forest	XYZ Co.	RMA Return	27700 SW Parkway Ave		Edit
	Wilsonville	OR	12345	US	800-555-6400

602 604

Enter RMA: <input type="text"/>		<input type="button" value="Find RMA"/>
Report Configuration		
Status Selections: 606 Label Not Retrieved <input type="checkbox"/> (22) <input checked="" type="checkbox"/> (73) <input type="checkbox"/> (29) <input type="checkbox"/> (140) <input type="checkbox"/> Product Delivered		
Date Range: 614 616 Between: <input type="text" value="3"/> <input type="text" value="25"/> And: <input type="text" value="4"/> <input type="text" value="25"/> All Dates <input type="checkbox"/>		
Created On <input type="text" value="2003"/> <input type="text" value="2003"/>		
Sort By: <input type="text" value="RMA Number"/> <input type="button" value="Show Report"/>		

608

612

610

618

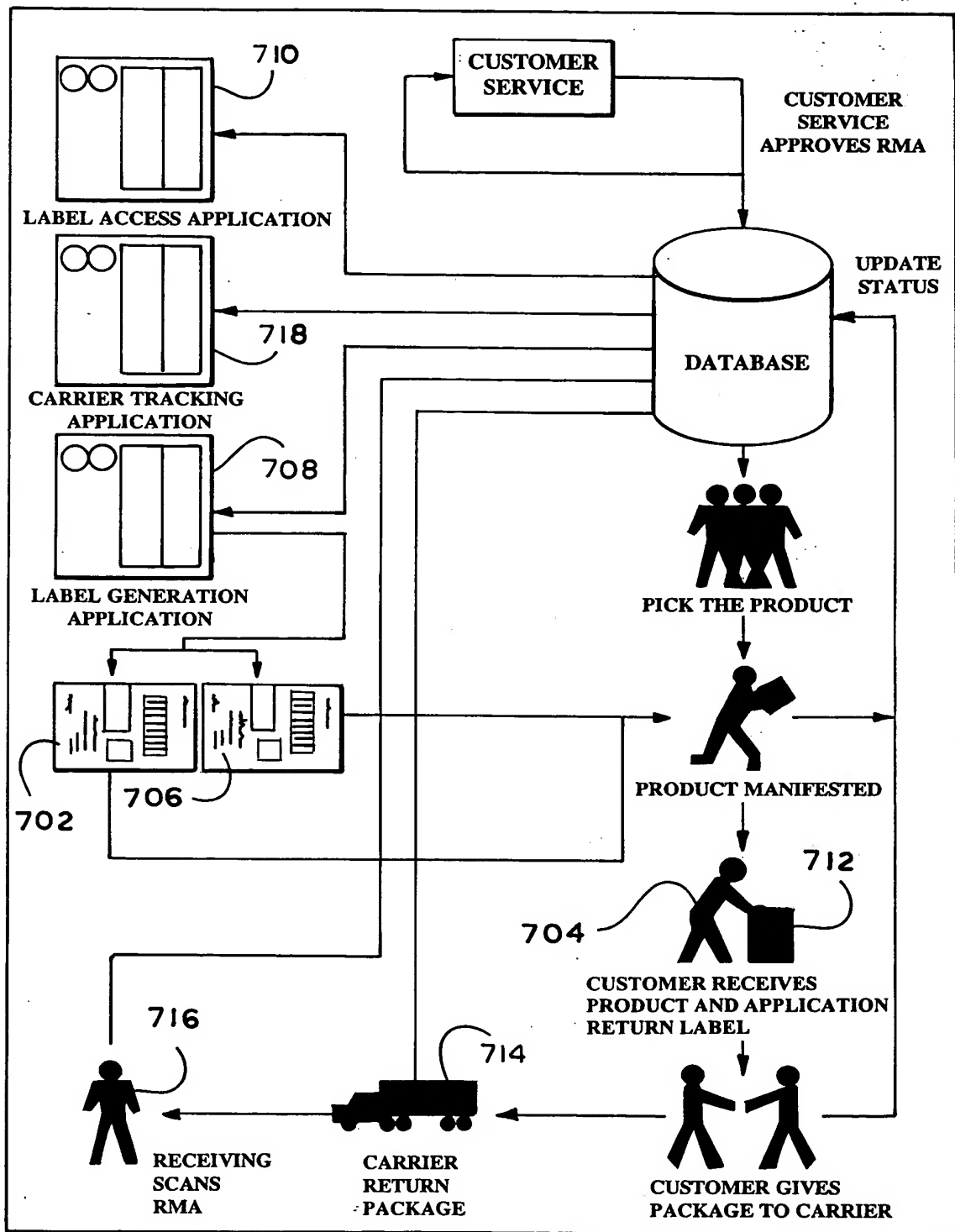


Fig. 7

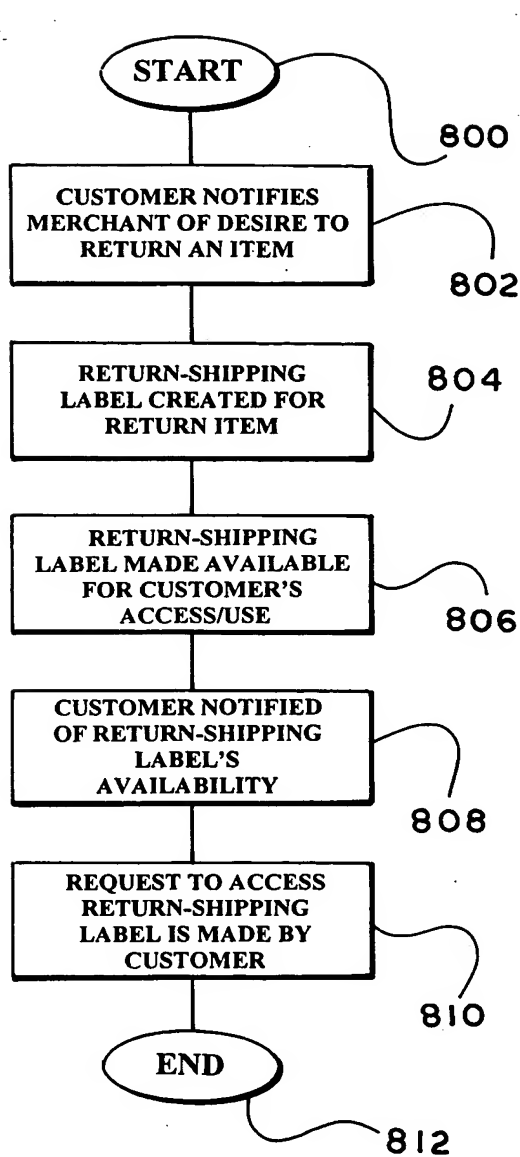


Fig. 8

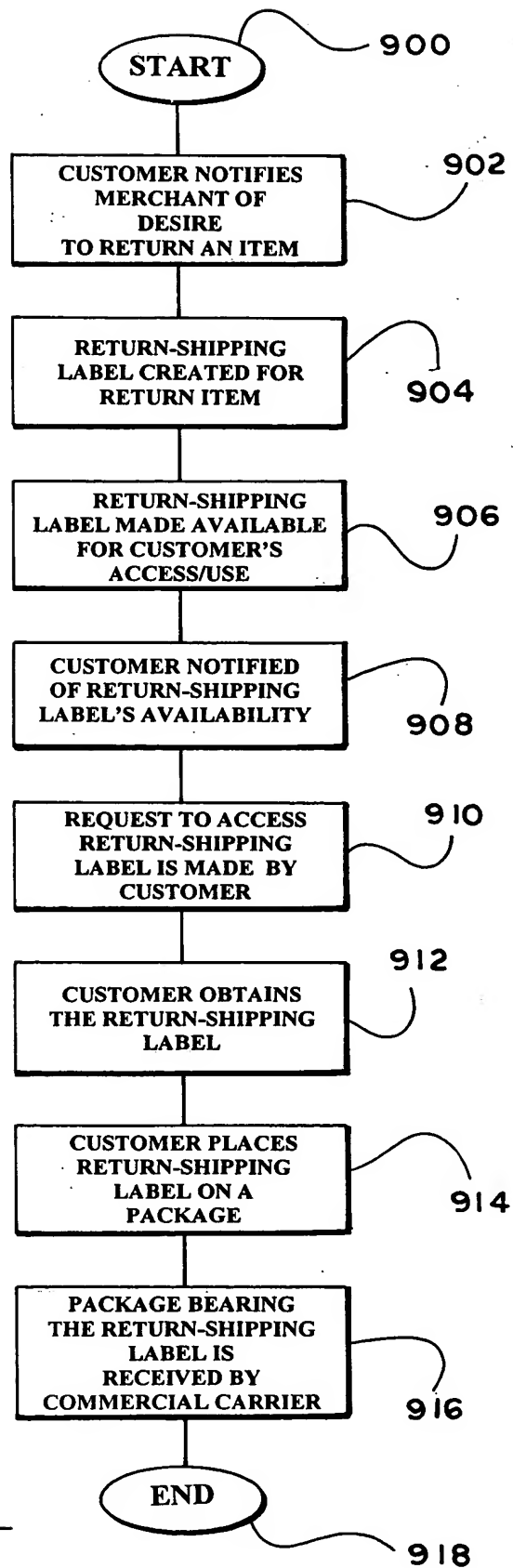


Fig. 9

